

State: Indiana

Attachment 4.19D  
Page 58

THIS PAGE INTENTIONALLY LEFT BLANK

TN 98-014  
Supersedes:  
TN 95-006

Approved MAY 05 1999 Effective

State: Indiana

Attachment 4.19D  
Page 59

THIS PAGE INTENTIONALLY LEFT BLANK

TN 98-014  
Supersedes:  
TN 95-015

Approved MAY 05 1998 Effective \_\_\_\_\_

State: Indiana

Attachment 4.19D  
Page 60

THIS PAGE INTENTIONALLY LEFT BLANK

TN 98-014  
Supersedes:  
TN 95-006

Approved MAY 05 1999 Effective \_\_\_\_\_

THIS PAGE INTENTIONALLY LEFT BLANK

TN 95-006  
Supersedes:  
TNs 94-024

Approved MAY 02 1995 Effective 2/1/95

THIS PAGE INTENTIONALLY LEFT BLANK

TN 95-006  
Supersedes:  
TNs 94-024

Approved MAY 02 1995 Effective 2/1/95

THIS PAGE INTENTIONALLY LEFT BLANK

TN 94-024  
Supersedes:  
TN 90-18

Approved FEB 14 1995 Effective AUG 01 1994

THIS PAGE INTENTIONALLY LEFT BLANK

TN 94-024  
Supersedes:  
TN 90-18

Approved FEB 14 1995 Effective AUG 01 1994

THIS PAGE INTENTIONALLY LEFT BLANK

TN 94-024  
Supersedes:  
TN 90-18

Approved FEB 14 1995 Effective AUG 01 1994



OBRA '87 AND '90 MEDICAID NF COST RECOGNITION & RATE INCREASE  
FOR FEDERAL FISCAL YEAR 1992 EFFECTIVE 4-1-93

The Indiana Office of Medicaid Policy & Planning annually computes facility specific rates for Medicaid enrolled nursing facilities using a prospective methodology that requires nursing facilities to submit annual reports of budgeted costs for a projected rate year.

Based on information contained in the Office's Long Term Care Information System gathered from all Medicaid enrolled nursing facility provider's budgeted cost reports as of March 1991, the following information is provided indicating the OBRA rate increase for federal fiscal year 1992. Because the effective date for this amendment will be 4-1-93, the statewide average Medicaid rate effective 4-1-93 is used to provide the rate information. The rate is broken down into two components, the rate with OBRA costs included prior to 4-1-93, the OBRA increase on 4-1-93 and the final nursing facility single statewide average rate with OBRA cost increases after 4-1-93. This information is provided as required by Section 4211 (b) (2) of OBRA 1987.

The rate information specific to OBRA is determined as follows. Medicaid NF rates are calculated in conformity with the provisions outlined in this plan at pages 1 thru 65 of attachment 4.19D. These pages are incorporated by reference to provide the basic rate setting methodology. In addition to these provisions, to segregate and arrive at OBRA specific cost increases allowable for rate recognition, Medicaid has compared NF costs for 12 month historical periods prior to and after 10-1-90, documented and categorized the cost increases, reduced the cost increases by the GNP/IPD inflator for the period in order to reduce cost increases to true operation increases, identified those costs that are attributable to OBRA requirements that necessitated additional expenditures by NFs after 10-1-90, and converted those costs to a per-patient-day increase as reflected by the following rate information.

THE EFFECTIVE DATE FOR INFORMATION ON THIS CHART IS 4-1-93

OBRA RATE YEAR	SINGLE STATEWIDE AVERAGE NF RATE		SINGLE STATEWIDE AVERAGE NF RATE WITH OBRA INCREASE 4-1-93
	EFFECTIVE 3-31-93 WITH PRIOR OBRA INCREASE INCLUDED	4-1-93 OBRA INCREASE	
1991	\$67.10	.00 ppd*	\$67.10

TN 93-014  
Supersedes:  
None

Approval Date 3-28-94 Effective 4-1-93

\*There was no OBRA rate increase effective 4-1-93 however there has been an aggregate increase of .67 per-patient-day since 10-1-90 representing the conversion of cost recognition for the following listed OBRA '87 requirements.

#### COST RECOGNITION CATEGORIES

1. Resident's Rights-Transfer and Discharge Requirements 42 CFR 483.12(a)(5)(ii), consisting primarily of requirements to implement a resident appeal procedure associated with transfer and discharge of residents.
2. Other Staffing Requirements-Social Service Qualifications 42 CFR 483.15(g)(2)(ii) and 483.15(g)(4), requirement for and minimum qualification standards of a social worker for facilities with more than 120 beds.
3. Resident Assessment-42 CFR 483.20, requirement regarding frequency, timing and accuracy of resident assessments.
4. Plans For Care-42 CFR 483.20(d), requiring changes in timing and content of the resident care plan.
5. Resident Assessment Discharge Summary-42 CFR 483.20(e)(3), additional requirements to develop a discharge plan.
6. Nurse Staffing Requirements-42 CFR 483.30, requiring increase in nurse staffing resources in Indiana NFs with fewer than 40 beds to reach one full time equivalent RN.
7. Other Staffing Requirements-Dental Services 42 CFR 483.55, requiring increased responsibility placed on NFs to ensure resident's receipt of needed dental care.
8. Other-Inflation Applied Against 10-1-90 Cost Recognition

<u>CATEGORY</u>	<u>COST RECOGNITION</u>	<u>PPD RATE INCREASE</u>	<u>PERCENT OF TOTAL INCREASE</u>
1	\$ 39,360	.0043	.6
2	\$ 3,605,250	.3946	59.4
3	\$ 402,588	.0440	6.6
4	\$ 400,000	.0437	6.6
5	\$ 234,000	.0256	3.9
6	\$ 295,000	.0386	4.9
7	\$ 636,000	.0696	10.5
8	\$ 456,765	.0500	7.5
TOTALS	\$ 6,068,963	.6704	100.0

TN 93-014  
Supersedes  
None

Approval Date 3-28-94 Effective 4-1-93